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STRICTURE OF THE RECTUM.

BY JOHN FEARN, M. D., OAKLAND.

SOME time ago I was called, early one Thursday morning, to see a young man who was reported very sick. Arriving, with the attending physician, at the patient's bedside, I found a young man upwards of thirty years old, who bore all the signs of long suffering with organic disease. He was wan and pale and very much emaciated. There was a history of chronic diarrhea and debility, which had been much mitigated by the treatment of his physician. At this particular time there had been some indiscretions in diet, and for upwards of a week there had been no movement of the bowels. The bowels were bloated and hard, yielding but little to pressure. There was but little suffering, only as abdominal tension interfered with breathing by preventing expansion of the lungs. The stomach had been quite irritable, but this was easily controlled by small doses of ipecac.

Kelsey, in his work on "Diseases of the Rectum and Anus," seems to doubt the existence of spasmodic stricture of the rectum, except of the external sphincter. I think, to the contrary, that we

may have spasmodic stricture of any portion of the rectum. And believing that such a condition existed in the case of the young man, while we were using means to settle the stomach, hot injections medicated with co. tr. asafetida were ordered for their relaxing effect. But here came the difficulty; in inserting the rectal tube we found it would pass in about three inches and no manipulation would get it further. It seemed to meet with solid obstruction at that point. After the stomach was quieted, co. infusion of senna and other remedies were used, and afterwards ol croton tigli, but no movement was procured, and the bowels were becoming more tympanitic, and the patient was losing strength. The second day after I saw him he was placed in a tub of hot water covered with a blanket, the enema pipe introduced, and for over ten minutes a stream of hot water was kept playing on the obstruction. Once during this ten minutes a little flatus escaped, and we were encouraged to hope for relief, but no relief came, so the patient was got back to bed. Though the hot water failed to get the bowels started, yet it was of considerable service: it relieved the bloating and consequently made it easier for the patient to breathe. Soon after this the patient began once more to vomit, and the vomit was evidently fecal material. Early the next morning he passed away; he retained his consciousness to the last, never having wandered for a moment, which fact speaks well for the course that had been pursued. Deeming it a case from the beginning in which there was but little hope of recovery, I spoke of the advisability of having a *post-mortem* examination. At first I met with refusal, but finally consent was given.

Assisted by Dr. Burleigh, I made the autopsy. The viscera were found in fair condition, considering how long he had been sick. We removed the bowels carefully; nothing abnormal was found until we got down to the rectum. This was so much changed in structure that we carefully dissected it out, when we found that the real cause was an organic stricture which commenced about three inches from anus, and continued for about two and one-half inches. The rectum was so constricted that I could not force the point of my little finger through, and the

wonder is that with such constriction he had not had much more difficulty.

There was nothing about the man, no history, to point to a syphilitic origin for the difficulty. It was schirrhous in all probability. There was no evidence of prior ulceration, giving rise to cicatricial tissue with constriction—on the other hand there was a remarkable change in structure, connective tissue seemed to have taken the place of muscular tissue, and by the hardening of this connective tissue the life seemed to have been destroyed in the muscular portion of the rectal walls. In cutting through the diseased portion it was hard and cut with a creaking sound; when the cut surfaces were examined they looked more like cartilage than muscular walls. Above the stricture there was no dilatation, as generally found in long-standing cases. The mucous membrane of the strictured portion was not ulcerated, but it looked far from healthy. The feces were liquified in the bowels right down to the strictured portion, showing that the medicine given had done its work.

In conclusion, I believe this was a case in which for a long time prior to his last sickness, there was no course of treatment, either medical or surgical, that would have proved curative—if the condition had been thoroughly known and resection had been possible (which it was not possible) this might have given him some show. Colotomy in his enfeebled condition was out of the question—the other two procedures, divulsion and proctotomy, I believe offered no hope in such structural change.

[This was evidently a case of schirrhous.—ED.]

THE TEMPERATURE OF THE BODY.

BY H. T. WEBSTER, M. D.

THE temperature of the body is an important consideration in questions of health and disease. So nicely are the compensating forces of the organism balanced that it is impossible for a marked departure from the normal standard of 98.4° Fahr. to occur without serious disturbance of the vital processes resulting.

In earlier time the temperature was estimated roughly from the

impression conveyed to the touch of the observer by the heat of the surface, but this estimate was of little value in determining the significance of an elevated or depressed temperature, and it failed entirely in enabling the observer to arrive at any data of reliability. Now the exact temperature is ascertained by an instrument which leaves all guess-work out of the question and enables one to form a very intelligent idea of the character and probable results of the condition, in many diseased states.

Such an instrument is termed the "clinical thermometer." It is constructed upon the same plan as the ordinary instrument for determining the temperature of the atmosphere, though the glass bulb is larger, containing more mercury, and the column is smaller, thus providing for greater length of projection from slight variations of heat. The comparatively small scope of variation permits even with this modification a conveniently short instrument for ordinary uses, though for observations requiring great accuracy instruments with longer columns, affording room for the recording of small fractions of a degree, have been employed. A portion of mercury detached from that in the bulb remains in the tube as a register. This is crowded upward as the mercury expands, but does not descend with the main column during cooling and contraction. It thus serves, remaining at the highest point attained, the purpose of a stationary mark to indicate the amount of heat existing in the body of the subject at the time the observation was made.

In applying the instrument for determining the temperature in a given case, certain preliminaries are necessary and certain others are commendable, to say the least. The register should be so low in the tube that the temperature of the subject will without doubt elevate it after the warmth of the body has been imparted to the bulb. While it is not always necessary that so low a point be marked it is safe to see that the detached portion of mercury is below 95°. If above this point it should be lowered by grasping the instrument between the thumb and forefinger of the right hand and gently succussing the wrist in the left palm. The instrument should then be dipped in a glass of clean, cool, fresh water and afterward wiped with a clean napkin.

The bulb may now be placed beneath the tongue, the subject being instructed to close the lips about the tube to prevent the ingress of external air; or it may be placed in the axilla, the arm being afterward pressed well against the thorax and held there during the time the thermometer is retained; or the bulb may be introduced into the rectum, as propriety may suggest. It is usually most convenient to place the bulb beneath the tongue, but the patient might be unconscious or too debilitated to be able to retain the instrument in the mouth, when the axilla may be chosen as the most appropriate place. Small children are sometimes frightened by the presence of the physician and become violent and obstreperous when attempt is made to follow the usual methods, then the rectum may afford the best place for lodgment of the instrument, while the child is firmly held by the mother or nurse. The peculiarities of each case will suggest the proper place for the introduction of the bulb. The vagina has been named as a cavity for testing the temperature, but it seems difficult to imagine an instance where one of the aforesaid localities might not be selected with greater propriety.

The time during which the instrument should remain stationary in the selected cavity is a subject demanding consideration. Evidently the temperature of the mercury at time of introduction of the bulb will have some bearing upon the question. In cold climates longer time might be required to warm the mercury to 90° than to ascertain the greatest amount of expansion in a warmer country. Preliminary warming of the bulb in lukewarm water (hot water is liable to break the glass) or by some other convenient method, might then be thought best. Under ordinary circumstances *five minutes* will be a sufficient length of time for the column to rise to the highest attainable point. Less time might suffice but it is better to be sure. In obscure cases where the detection of the least variation of temperature might be of importance it has been the custom of some to employ a very sensitive instrument and allow the bulb to remain in position for a longer period than five minutes. Six minutes in the rectum, ten in the mouth—under the tongue—and twenty in the axilla are the periods of time stated to settle all questions of doubt. How-

ever, five minutes may be considered a sufficient length of time for all ordinary purposes.

The intervals of taking the temperature should vary in length to suit a variety of cases. One observation a day will suffice in the majority of instances. In severe cases of typhoid fever it is important to know the morning and evening temperature each day. When jaborandi, antipyrine or heroic doses of quinine or other potent drugs, or cold baths, are being employed to lower an exalted temperature the thermometer should be resorted to at frequent intervals that the remedy may be withdrawn at the appropriate moment. In such cases the nurse should be instructed in the use of the instrument.

NORMAL VARIATIONS OF TEMPERATURE.

While the normal average temperature of the body has been estimated at about 98.4° Fahr. certain slight variations occur in all healthy persons to correspond to external influences, and though these variations are slight, never amounting to more than a degree and a half, and hardly ever as much, it is well to know the circumstances and influences bringing such changes about, that due allowance may be made in any suspected case. Diurnal variations of temperature, depending upon solar influence perhaps, occur in every healthy person; these consist of a morning decline and evening elevation, and in disease this same course may be observed, the extremes of rise and fall being much more marked. The normal diurnal variation is slightly greater in children than in adults. In old age this is said to be the case also. The effects of external heat and cold are also impressed upon the normal temperature in slight degree, the mercury rising somewhat above 98.4° in hot and falling below it in cold climates; the new-comer, from one extreme to another manifesting more impressibility than an acclimated person. Long exposure to artificial heat or cold produces a like effect. A full meal is followed by depression until digestion has reached some headway, when a rise occurs. Alcoholic drinks cause temporary decline. Exercise, if not carried to extreme, is attended by slight elevation. Prolonged mental effort or depression of spirits from grief is followed by slight lowering of the register.

TEMPERATURE IN DISEASE.

In most cases of disease if the thermometer indicates any departure from the normal temperature it will be in an upward direction. Even though the surface or extremities may seem cold to the patient and observer, and in fact may be below normal heat, owing to absence of the usual amount of blood in the superficial capillaries, the thermometer registers two or three degrees' elevation in the cavities where the blood is circulating more freely. Sometimes, however, during a chill, thermometry has demonstrated beyond cavil a lowering of the normal temperature in the cavities usually tested. Whether the actual temperature of the blood is lowered may nevertheless be considered a question, as the internal organs may even then be subject to an increased caloric. During convalescence from continued fevers or other protracted illness the temperature may be slightly depressed for some time, until the debilitated vital forces recover wonted vigor.

In febrile states there may usually be a rough estimate made between the elevation in degrees of temperature above normal and in the increased frequency of the pulse, each degree of elevation corresponding to ten pulse beats per minute. For example, with the normal pulse at sixty-five per minute, we would expect the temperature to be 99.4° if the pulse rate were seventy-five, 100.4° at eighty-five, 101.4° at ninety-five, and so on. This, however, is not a rule to be depended upon, as the nervous susceptibilities of patients vary so much that an excited heart beat might result from slight provoking causes in one while in another the same amount of disturbance would hardly be appreciated. Still it is a proposition not to be disputed that increase of temperature is attended by increased action of the heart; in fact, the accelerated circulation with increased oxidation of tissue may be fairly regarded as the cause of the elevated temperature, the excited circulation being the result of irritation of the sympathetic nerve centers, from which spring the regulating nerve fibers of the circulatory apparatus.

A knowledge of "clinical thermometry" is an aid in *diagnosis*, in *prognosis* and in *treatment*. As a help in *diagnosis* we may employ it to settle questions as to the existence or absence of a

febrile state when other indications point decidedly to an affirmative answer. A common cold may provoke symptoms of quite portentous character sometimes, especially if scarlatina, rubeola, variola, or typhoid fever be prevailing, and the physician may be required to pronounce a diagnosis. Here the clinical thermometer will be his safest guide. Elevation of temperature being absent he can assume that the dreaded infection has not taken place. The character of a febrile state may also be more closely calculated by the temperature if the thermal peculiarities of the disease be well understood, for, though the same temperature may not be found in two cases of the same disease, the tendency exists for diseases of the same character, especially the infectious diseases, to run a typical course marked by corresponding variations in temperature. So grave a condition as incipient phthisis may be more certainly detected by the thermometer than by any other means; slight cough and debility may be present sometimes when the lungs are free from any structural lesion; then the temperature will not vary much from the normal standard; but when an elevation of two degrees is habitually present with corresponding increase in pulse rate, the other symptoms, cough and debility, point to serious local and constitutional wrong. Thus the thermometer may often be employed to bring to light some hidden process of increased oxidation of tissue which might otherwise escape the senses of the diagnostician, and lead to an investigation of the case from a broader field of view, to the final arriving at a correct diagnosis, which is one of the true marks of professional merit.

Complications in the course of febrile diseases or arising during convalescence are usually apparent in disturbances of temperature before the more outward symptoms are appreciable. The disturbance may be manifested in a rise in the temperature or in deviation from the established course. *Marked depression of the temperature* usually precedes and accompanies collapse. In severe injury to the upper portion of the spine, certain diseases of the spinal cord and brain, indeed in many cases where the vital forces are greatly lessened, as in the last stages of chronic structural diseases of vital organs, the thermometer indicates a de-

pression of temperature. Extravasation of blood in important organs, as in hemoptysis or cerebral apoplexy, are usually followed by rise in temperature.

As an aid to *prognosis* clinical thermometry is by no means an unimportant measure. The marked remissions in the temperature of typhoid or other continued fevers may be regarded as a favorable indication. Even though the evening temperature run high, if there is a marked decline in the morning toward the normal line, favorable termination may fairly be hoped for; but where the temperature varies but little from one day to another, even though the mercury does not rise above 103° , the reactive forces are evidently at fault and serious results are to be feared if the condition extends beyond a brief period. Sudden and rapid rises in temperature should not always be considered of dire portent; slight febrile disturbances of children are sometimes marked by rapid and extreme elevation of temperature that would lead one to infer that some serious disease was present, but this is one of the peculiarities of childhood; a correspondingly rapid decline often follows, and the little patient is convalescent with no serious results, febricula or ephemera having been the provoking cause. The condition of the organs of excretion are relative in the signification of such changes. In febricula the pulse often runs rapidly up to an elevation indicating serious consequences were it not that the skin is not dry, harsh, and constricted, and that the tongue lacks the furred appearance and other indications of blood contamination peculiar to febrile disturbances of a more sericus nature. But a very high temperature going on continuously day after day without abatement can but result in rapid destruction of tissue and loss of vital force; in scarlatina and typhoid fever especially, such a condition is portentous of the most dire results if it be not abated. A rapid decline in temperature without abatement of the pulse rate is to be considered serious, as there should be a proper relationship between these expressions of disease.

In *treatment* a knowledge of the state of the temperature is sometimes important, that the proper time may be selected for the exhibition of remedies. In a remittent fever if the remission be

short and we desire to make avail of it for the administration of an anti-periodic, we may learn when it has begun by the thermometer before the ordinary symptoms may be detected. In typhoid fever, scarlatina and other fevers, where powerful agents are employed to depress the temperature, and the exhibition of such means may sometimes be all-important, the thermometer enables us to tell just when the temperature has arrived at that point where the remedy must be discontinued for fear of too great depression; large doses of quinine, anti-pyrine, jaborandi and kindred agents should not be administered without the guidance of clinical thermometry to point out the time for discontinuance, lest the depression of temperature be carried beyond a period of recuperation. Knowledge of a depressed temperature would prompt the application of artificial heat, and the internal use of such agents as capsicum, myrrh and possibly brandy and ether; where the depression was more chronic in character, Faradism, massage, pure air and other hygienic measures should take the place of stimulants.

CORRESPONDENCE.

MR. EDITOR: I am sorry to see that Dr. Wilder construes my remarks on his letter in relation to the subject of small-pox, into an attack either on his position or himself. Nothing could be further from my intent. My desire was simply to elicit the facts bearing on the subjects of small-pox and vaccination.

The Doctor ought not to go so fast in his inferences. I am not a vaccinationist. Nor can I say that I am yet greatly opposed to the practice. But I am decidedly opposed to the practice of vaccinating with bovine virus.

I desire simply to elicit all the facts and arguments bearing on the question. It seems to me to be the continuance of barbaric ignorance to inoculate the system with one disease as prophylactic against the occurrence of another. But if both are identical, and the one of lesser gravity will give immunity from the one of greater gravity, it will require more than declamation to convince the people of its inutility. I repeat my former remark that each

generation acts up to its knowledge, and that what may have been good practice heretofore, may not be good practice to-day, with our improved methods.

Again I say, Let us discuss this subject (and all others) without acrimony or appeal to bias. Especially, let us not prejudge the subject, but let our judgments follow the presentation of facts and yield to the dictates of reason.

GEORGE P. BISSELL, M. D.

FRESNO, Cal., July 6, 1888.

EDITOR CALIFORNIA MEDICAL JOURNAL: I notice in the June number of your JOURNAL a reference to my coming to California for my health, with the intimation that I made a mistake in coming to Fresno because of the presence of malaria here.

In the editorial in the same number, you speak of the presence of malaria in such favored places as Oakland, Alameda and Berkeley, two-thirds of the year. Have you any places in California in which there is no malaria? I have suffered from the subtle poison ever since I was filled with it in the swamps of Mississippi in the summer of 1863, between Haines Bluff and Vicksburg. I tried the Eastern coast one summer, hoping that the invigorating sea-air might help me. On the contrary, I suffered extremely from rheumatic neuritis of sacral plexus and branches especially of sciatic nerves, with more fever than I had in the interior.

For that reason I avoided the cold fogs of San Francisco, and chose the dry interior valley of the San Joaquin. I think this climate is, above all others, best adapted to the cure of lung and bronchial troubles, from which I have in the past suffered severely. There were good business chances here also. I have so far enjoyed the fine, bracing atmosphere, and the absence of severe storms. It is not as cold in winter, neither is it as hot and sultry in summer, as in Southern Ohio.

Yours truly,

EDWIN FREEMAN.

MY DEAR DOCTOR: A few days ago I received a copy of the June issue of the CALIFORNIA MEDICAL JOURNAL, which I liked very much. I see by the editorial notes that the Eclectic Board of Medical Examiners has concluded to refuse licenses to holder

of physio-medical diplomas. If it would go a step further and revoke such as it has already issued, it would do a good thing for itself and the profession. We have an old fellow here who was licensed as a graduate of the E. M. Institute, Cincinnati, Ohio, who was never outside the State since coming here in mining days. Scudder emphatically repudiates him. It is well known here that he sent East when the medical law was enacted in this State and bought himself a diploma for \$25. I have been trying to find where he got it, and as far as I am able to trace it, it came from the Physio-medical or Physio-Eclectic Medical College of Cincinnati, Ohio, which flourished about that time (1875-76) in Cincinnati. I wrote to Dr. Gere about it, but he says the only record in his charge is the same as that in the register. Men who have rightfully earned their diplomas have to toe the mark in this State, and I cannot see why such frauds as the one here should not be made to do the same.

Respectfully,

DR. —.

SELECTIONS.

A VERY VALUABLE LESSON FOR THOSE WHO USE ANESTHETICS.

MANY years ago I became very much impressed by certain experiments made by Dr. Nélaton—that well-known French surgeon—to show that in chloroform narcosis the respiratory and cardiac centers were weakened, by an anemic condition of the nervous apparatus, the exposed brains of animals bleaching as chloroform vapor was inhaled by them to complete anesthesia. When this whitened appearance indicated such a condition as to give but little of the needful blood stimulus to the great nerve centers, their functions ceased in a regular order: First in volition, next in voluntary movement, then in general sensation, and finally in the arrest of involuntary or organic movements, including the action of the heart and lungs, and then death promptly ensued. In his experiments he found that when a number of rats had been thoroughly narcotized with chloroform, those which

he would immediately hang up by the tail would slowly revive, while those left supine on the table died. If, when animation commenced to show itself in the hung-up animal, the rat was laid down too soon, breathing would again cease, and the rat would die, unless immediately suspended, when the respiratory and cardiac actions would be resumed. It was only after a sufficiently long suspension, giving the brain and heart ample time to have supplied to them, by gravity, a desired amount of blood, that death could be prevented. If the animal was not already dead, suspension alone would restore animation. The knowledge of this fact is daily put into use by vivisectionists in their experiments upon animals under chloroform. The case of the child which I have reported is really in the line of these experiments, and clearly shows the danger of the horizontal position when the heart and lungs fail. The suspending of the human body by the feet to restore animation in chloroform poisoning was Nélaton's great discovery, and is known as his method of restoring patients to life when, under chloroform anesthesia, respiration has suddenly ceased. The knowledge of, and faith in, this method has served me well on many trying occasions. To it alone I attribute my clean record of over ten thousand cases of general anesthesia and no death.

Eighteen months since I ordered chloroform to be administered to a patient, eighty years of age, who had his right ear a mass of epithelioma. The pinna was much enlarged, and an offensive, painful ulcer, with ragged outlines, covered nearly the whole surface. The object of the operation was to remove all of this fetid, discharging surface, and to close as much of the wound as possible by quick union. His history, as given by himself, was quite a curious one of coincidences. He had been married twice. His first wife had a cancer of the breast, for which an operation had been recommended by his family physician. She died under chloroform before any incisions were made. His second wife was brought to me six years ago, suffering from a malignant disease of the socket, involving the eyeball, the eyelids, the skin of cheek. The cervical glands at angle of jaw were secondarily infected. I declined to operate, and advised against it, as no good

could possibly come from it. She returned, disappointed, to her distant home. Against my advice, the local physicians urged the operation, and in her anxiety to get rid of the cancer, she yielded to their solicitations. They undertook it, and she died during the operation—they said, from the effects of chloroform. There was no blood-relationship between himself and either of his two wives, and yet he also had a cancer, for which an operation under chloroform was advised. He was of a robust frame, although eighty years of age. In his desire to get rid of the fetid discharge he submitted without hesitation to the course recommended.

First a full dose of whisky was taken, and then chloroform was administered by the resident physician of the hospital, aided by the medical staff. I had left the operating-room for a few minutes, to show to a medical visitor some cases of interest in the wards, when the nurse ran to inform me that the man I had just left was dead. I hastened with my medical friend to the operating-room. I found one of the physicians trying thoracic compression for artificial respiration on an apparently lifeless body lying flat upon the operating-table. I had this immediately stopped, and under instructions the four doctors present, with the nurse and the brother of the patient, held up the lower end of the operating-table so as to incline the body and head at an angle of over forty-five degrees, using at the same time all of their restraining force to keep the body from sliding off the table. Nothing else was done. With the inanimate body in this way suspended, we quietly and anxiously awaited results. In a very few minutes we had the satisfaction of seeing slight thoracic movements, then the ashy, livid face lost its death-like hue. When respiration became fully re-established, the table was lowered, and the operation safely completed, no more chloroform being required in this case.

A third case occurred in my hospital experience eight years ago. It was that of a woman, forty-five years of age, who had suffered frightfully from repeated attacks of irido-cyclitis. I had urged an iridectomy as a means of protection from suffering, but on account of timidity she had steadily refused to submit to it. After many sleepless nights of agony, and being worn out by the pain,

she finally consented to be operated upon. Loss of sleep and the constant pain had enfeebled her very much. She was given two ounces of whisky before being put on the operating-table. Complete anesthesia under chloroform was soon induced. The eye-speculum was being placed in position, when respiration suddenly ceased. No one was feeling the pulse, as I was standing over the face, watching the skin circulation. She looked dead, and we thought her so. Fortunately there were several physicians present, and immediately she was hung up by the feet. While I watched the effects of suspension on the face, some attempts were made, by rhythmical abdominal pressure, to force air from the lungs and thereby excite a respiratory movement. This, however, was soon desisted from, being inconvenient, and, as I thought, useless. After a few minutes of suspension, respiration was gradually re-established.

The patient, brought back to life, was again laid upon the operating-table. She was perfectly relaxed, and I hoped that I could do the iridectomy without any further anesthesia. The moment I touched the eye a flint of the head exhibited a degree of irritability, showing very plainly that it was impossible to attempt it. As the pulse by this time seemed perfectly re-established, and the stomach contained a good quantity of whisky (there had been no vomiting), I determined again to give her chloroform. A very few whiffs from the charged towel brought on full anesthesia, and with every promise that the various steps of the operation could now be successfully carried out. The speculum was applied, the eyeball seized, and the cataract-knife had transfixed the cornea, when respiration and cardiac action again stopped. The patient now seemed quite dead. The eye instruments were quickly removed, and the patient in an instant was hung up by the feet, with head down. No attempts were made at artificial respiration, nor were any other means used for resuscitation but the inversion, not even throwing open the windows for fresh air. As still as death we watched the suspended body. After a few minutes, which seemed a very long time to us, a feeble respiratory movement was detected. This slowly developed into full breathing, and brought back the pulse, and with it life to our patient.

She was again laid on the table, utterly limp, but breathing freely. When the eye was touched the head made, again, a sudden movement, showing a degree of conjunctival irritability which rendered the completion of the eye operation impossible. The question now before me was, whether I should leave the eye with an operation half performed, or protect the patient from future suffering, by completing what I had started out to do. After consultation I concluded to perfect the operation, and, with an abiding faith in the efficacy of suspension, I ordered chloroform again to be administered. For the third time quiet sleep was quickly induced, and, fortunately, with no further complications or trouble, the operation was successfully and safely completed.

Twelve years ago, a fourth case occurred under my treatment. A gentleman brought to me his two boys, one eight the other six years of age, both subjects for squint-operation. Such operations I frequently perform in my office, with the aid of one professional assistant. The elder boy was put to sleep under chloroform, the tenotomy of the rectus completed without trouble, and he was laid upon a lounge, vacating my reclining operating-chair for the younger boy. He also bore chloroform apparently as well as his elder brother, and under its narcotic influence the squint operation was speedily completed. After I had removed the eye-speculum, and cleansed the conjunctival sac of blood, respiration suddenly stopped, the pulse disappearing from the wrist, and accompanied by the death-like appearances which belong to this startling condition. Fortunately, I was sitting at the head of the patient, and I immediately tilted down my end of the operating-chair, getting my assistant to elevate the foot-end, so as to secure an inclination of forty-five degrees, with the head of patient downward. After a few minutes blood gravitated into the head. By stimulating the nerve-centers, it started into action those organs so essential to life. Breathing was finally re-established, and with it the circulation.

These four cases of sudden arrest to the respiratory functions, with failure of heart's action during chloroform narcosis, occurring in my own individual practice, I feel assured that most of these

patients would have died had they been left in the recumbent posture, regardless of what may have been done otherwise for their restoration. Fanning, fresh air, water splashing, spanking, whisky or ether injections, electricity, artificial respiration—all of them the remedies which physicians rely upon—go for very little, provided the patient be left supine. General experience, unfortunately, has too often shown this. In my experience with chloroform, in cases of suspended animation, all of these means for resuscitation are useless, provided the patient be hung up by the feet without any loss of time, so that blood may flow to the anemic head and heart, and stimulate the nerve-centers before the vital spark goes altogether out. A fire cannot be rekindled by adding fuel if there be no live coals in the grate. Fortunately, suspension of the body needs no preparation nor apparatus for its immediate application. It only needs vigilance on the part of the operator. Should fright make him forget his duty, then precious minutes are lost in trying useless remedies, and these precious minutes can never be recalled.

That all of my cases of apparent death from chloroform should have recovered is not merely good luck, nor is it accidental. I know that chloroform, ether and ethyl are powerful agents for good, and also for evil. I am sure that I can kill any patient by the abusive or careless administration of either of these invaluable remedial agents, just as I am sure that I can be burned by any kind of heating apparatus, which I am so dependent upon for genial warmth in winter.

The successful administration of an anesthetic does not consist merely in holding before the nose of the patient a cloth with the narcotizing agent poured upon it. Skill, care, prudence, judgment and courage in time of need are all necessary to guard the narcotized patient from danger. Too little of the anesthetic—not enough to protect the important vital centers from the influence of painful reflex actions—is as dangerous as an overdose of the narcotic inhalent. Many of the fatal accidents occur in the hands of timid physicians or dentists who are afraid to administer enough of the anesthetic to secure the stage of safety, the immunity from reflex disturbances, and who lose their heads

in fright when the danger which their want of confidence has induced, presents itself.

The lesson which I would impress upon everyone who uses chloroform, sulphuric ether, or the bromide of ethyl for general anesthetic purposes is, that prompt suspension, with head down, is the remedy for suspended animation suddenly coming on during acquired narcosis.

No surgeon recognizing the responsibility of his work should ever give an anesthetic without having someone present. Should there be any sudden and alarming weakening of the heart's action and of respiration—for they always go together—without a minute's delay hang up the patient. Should the patient be bulky, and should there not be force enough present to elevate the foot of the table or bed, be the patient man or woman, while you stoop, throw their legs over your shoulders, hang onto their feet in front of you, and then lift yourself. The patient's body, as you get upon your feet, will hang from your back, with the head down. Now you have time to call for more help, if you need it. Never wait for the help to come before you practice suspension, because with the moment's delay your patient may have passed from dying into death, from which there will be no more earthly awakening. When too long delayed—and one minute is a fatal loss of time—suspension is as useless as the other recommended remedies, and can then do no good.

Should the case have been one of needless fright, with only weakening, and not suspension, of the vital functions, no harm has been done. The feeble pulse will always respond promptly to the suspension. It is my constant practice to use suspension for restoring strength to the heart's action after the administration of chloroform, where there is cardiac depression and weak breathing. I use this means of restoring vigor where others use the more objectionable and less efficient, hypodermics of whisky or ether, or the inhalations of nitrite of amyl. It is very instructive to observe how promptly the pallor leaves the face, and how strong the pulse will become, as blood gravitates toward the head. Should vomiting occur when the head is hanging down, this suspended position is better for the patient than when

lying upon the table, because there is no fear of food particles getting into the larynx. Inversion of the body gives the contents of the stomach free vent.

Such confidence do I feel in the value of suspension with chloroformed subjects, that I am sometimes disposed to believe that the vital centers cannot fail with the head hanging down.

Not long ago, in the presence of the medical class of the University of Maryland, I removed by ligature a very large staphylocoma from a child one year old. It was the result of purulent ophthalmia of the newly born. The prominence of the opaque cornea was so great that the lids could hardly close over it. The summit of the tumor was being irritated by the constant friction of the lids in winking, and its removal became necessary for the comfort of the child. Under chloroform anesthesia I transfixed the eyeball at the base of the tumor by two long, curved needles, placed at right angles to each other. Behind these, acting as a shoulder, I applied the ligature for the strangulation of the tumor. The medical class could not see from the benches the various steps of the operation upon so small a portion of the body, and from the large number of students present, only a few could have crowded around the operating-table. After the ligature had been secured, and before the needles were withdrawn, I did not hesitate to hang up the infant by the heels, with head suspended vertically downward, and then walked with it in front of the benches, so that the students could inspect the eye. To the uninitiated this would appear a heartless and dangerous proceeding. My experience and consequent faith in suspension had taught me that this inversion was the safest position for the narcotized child during the tedious inspection.—*Julian J. Chisolm, M. D., in Medical Record.*

TAIT'S METHODS.

ON the 15th of January, 1886, I began a course which, as completely as it is possible, made *his* knowledge mine. With very few exceptions I not only saw every operation, both public and private, but followed the cases afterward wherever I liked,

and I had access to the record book as often as I chose. In short, after I had been with him a little while, I was put in as an assistant, and when I left, on the 15th of July, 1886, I was doing his assistant's full work.

In the home work, of course, the nurses had charge of all the instruments and made preparations for operations; but I have, time and again, watched them at work and observed the sponges and instruments in all stages of being cleaned, and let me assure my American associates, once for all, that there is not the slightest germicide used in the whole process.

The only thing that the most strict Listerite could feel at home with is the weak solution of carbolic acid in which the sponges are soaked before they are put away to dry. That is so weak that its only possible effect is what Mr. Tait claims—that "it keeps moths and flies away from them." He relies for success on good, clean, rapid operating, and not on the fetish of germicides. As for his results, they are *all* that has been claimed for them.

In regard to the 139 series, with two exceptions, I think I know more of them than any other living man, besides Mr. Tait. These two are Dr. John W. Taylor and Dr. Annie E. Clark, who were his regular assistants throughout the series. I reached England just after the close of the year 1885, so that I saw none of the operations done, but some of the patients were still in the hospital wards, and many of them I had occasionally to look after in the dispensary practice.

The records themselves, as published, give not only the name, date of operation, and residence of the patient, but the physician in charge, and in each private history book not only the name of each nurse and assistant, but also the names of all visitors present; so that, with all these clews to each case, heartily hated as Mr. Tait is by the jealous rivals he has so far outstripped, you may be sure that had there been the least thing wrong with this crowning table, I would not have been forced to come to America to hear the first doubt of its truth.

All that anyone need do to find what the English profession think of him and his work is to read carefully that splendid book

on abdominal surgery just from the pen of one of the best surgeons in England, Greig Smith, of Bristol. Now, when I say England, I do not mean London, for, with its denizens, like the average metropolitan of all lands, it is an unpardonable social crime to know or acknowledge that anything good can be accomplished outside its bounds. So you see the Obstetrical Society had, in this prejudice, a weapon ready made with which to crush the "country upstart." But do not understand me to say that the Obstetrical Society is the sole exponent of London thought. For, like the repetitions to which history is so prone, those who have so long held the reins are now frowning on and trying to stamp as Bohemians the members of the British Gynæcological Society, which, while the youngest, still is the most progressive body in the nation. What *these* Londoners think of Tait you can tell by noting the fact that he is about the only non-resident of this generation who has presided over a London society. Outside of London, throughout the country, wherever we went, Mr. Tait was looked up to with pride by the whole British profession, and in his own town he is not only the most popular consultant there, but the social lion of the place.

As to what this place Birmingham is, very few Americans (not even excepting the teachers who so frequently spend their summers abroad and have repeatedly been Mr. Tait's guests) actually realize its importance in the civilized world. In America we ordinarily hear of it as a place of four hundred and fifty thousand people, and at once conclude that its commercial importance is about like that of St. Louis or Chicago, whereas the truth is that it is merely the fashionable quarter of a city of over three millions of people. All the way from Birmingham to Wolverhampton, a distance of twenty-two miles, it is one solid city.

The abdominal work of this section is done almost entirely by three men—Tait, Savage and Maylins.

Now add the rest of the population of Great Britain, and you have the source from which this consultation business is drawn; or, I might truthfully say, all the rest of the English-speaking world. For while I was with him I saw him operate on cases from Connecticut, New York and Chicago; from Melbourne,

Australia; from Cape Town, from Calcutta and Hongkong. With such a mass to draw from, is it any wonder that he so far outstrips all competitors in numbers, or, that with such constant use, his fingers have acquired such great dexterity?

It is this wonderful sense of touch that enables him to deal with vesico-vaginal fistula as he does.

Say, for instance, you have an opening on the vesico-vaginal septum one-third of an inch in diameter; with a knife or pair of scissors, at the very edge of this ring he would begin to separate the vesical from the vaginal mucous membrane. After extending this separation entirely around the ring for a depth of one-fourth to a half inch, and after turning the vesical membrane into the bladder and drawing the vaginal into its own cavity, with a handled needle he would enter the vaginal flap on its raw surface a short distance from its cutaneous margin; keeping the needle buried, he would pass across the septum and bring the needle out at a point in the raw surface of the vesical flap corresponding to the one at which he had entered the vaginal, then by catching the catgut suture near the vesical flap and holding it while he withdraws the needle, he has thus put in place the first half of the suture; now, going to the opposite side of the ring, the needle is introduced again in exactly the same way, and by either threading it into the eye of the needle, or, what is still easier to accomplish, looping the vesical end of the suture already described into a thread with which the needle was armed before introduction, by simply withdrawing the needle the second half of the suture is brought into position. Now, by tying a series of sutures so placed, the union thus obtained is not only that of the septum alone (as we used to get it in the old denudation operations), but it is that of an internal and external buttress in addition, thus making the cicatrix doubly strong in case we get union; but if union should fail, the flaps simply unite in their old position, leaving the opening no larger than it was before, which is rarely the case after a failure from the old paring operation.

By this means I saw Mr. Tait succeed with an inch and a half or two-inch opening, on which Baker Brown had failed twenty years before.

The reason why Mr. Tait has seen so many of these cases is the fact, as I have already intimated, that he has charge of the largest practice that any man in this generation has ever attempted to handle, and from the lately increased facilities of travel, I would not be surprised if it is the largest clientele of desperate cases the world ever saw, for a large proportion of his practice is made up of the failures of other men.

His perineum work is done in the same way, and for complete tears it is the most certain, as well as the most perfect, of all plastic operations; and with some modifications of it in those subcutaneous muscular breakages of which we now hear so much, I believe it will prove equally good.

Galileo had his Loreni, Michel Angelo his Banslinelli, Harvey his Riolauns; and all who attempt to scale the same dizzy heights must expect to do it at the expense of the friendship of most of those over whom their shadow falls.

The clamor which these people raise is merely the crucible in which the work of these artists is tested. The hotter the fire, the purer the gold, and that Lawson Tait's labors will come from the furnace pure and everlasting, is the belief of your friend.—*Arthur W. Johnstone, in St. Louis Medical and Surgical Journal.*

A RADICAL CURE OF VARICOCELE BY INTRA- VENOUS INJECTIONS OF CHLORAL HYDRATE.

EDITOR *Medical World*: A varicocele signifies a varicose condition of the spermatic veins; and when the disease is well marked, their tortuosity and dilatations present the appearance of a bag of worms within the scrotum.

The cause of this trouble is a retardation of the return of the venous blood from the organ, and it is more common on the left than on the right side.

Professor Bryant assigns this cause to a preponderance of the more dependent position of the left organ, and the liability of the vein to be pressed upon by a loaded sigmoid flexure of the colon. How far this theory may be correct I will not at present attempt to discuss. For symptoms, I refer you to works on surgery.

Regarding treatment, palliative treatment may often give relief and retard the progress of the disease; but when the disease has far advanced and is severe, we must resort to radical treatment.

Most authorities on surgery in speaking of this affection mention as radical cures, excision, destruction or division of the spermatic veins. I have no desire to occupy any space in defining to you the process of excision, nor the operation of ligature subcutaneously, but will suggest that excision is rather a dangerous procedure, no matter how antiseptically treated; the operation of ligation is, as a general rule, more successful and not dangerous *in intelligent hands*.

Permit me to lay before you two cases of varicocele which I have successfully cured without any of the above-named operations. During last month a young man presented himself for treatment, being troubled with a varicocele situated on the left side, swollen and very painful. With a Pravaz's syringe I injected in different places a solution of chloral hydrate, say about ten grains to one ounce of rain water. The result of this injection was a mild orchitis, which, however, yielded readily to the ordinary rules of treatment. I repeated this injection after the orchitis had subsided, and with the same result of inducing a *very* mild orchitis. A few days afterwards all visible traces both of the operation and varicocele had disappeared. Along the course of the spermatic vein few hard, small nuclei could be felt which corresponded to the seats of puncture. An obliteration of a few branches of the spermatic vein had evidently been sufficient to effect a cure. The second case occurred last week and resembles in full the preceding, and the patient has returned to his home fully cured after a week's treatment.—*Wm. H. Olsten, M. D., in Medical World.*

HYDRASTIS CANADENSIS IN GYNECOLOGY.

THIS indigenous remedy, which we once thought we understood in this country, has within a few years reached a high sphere of usefulness, undreamed of by the American physicians of all schools. The allopaths have generally ignored it, because it was

used by Eclectics and homeopaths, and because of its large use in domestic practice. In all their works on materia medica nearly up to this date, they dismiss it with the common-place name of a "simple bitter tonic." The Eclectics have not given it a much higher place. They have only differed from the regulars in using it more extensively as a tonic (in some Eclectic works it is called a "uterine tonic"), and as an antiperiodic (which it is not). Homeopaths have done more, for they have proved it on the healthy, and got many symptoms of value, which, while they gave some clue to its action, failed to unlock the hidden powers of this great remedy. We have cured hemorrhoids, indigestion, constipation, mammary tumors, debility, and some minor complaints, but many of these cures were from its use as a purely empirical remedy, and not because the symptoms indicated it. And right here I may be permitted to say, what has been my sincere conviction for several years, namely, that we, as a school, are losing ground in materia medica, because we have persisted in limiting our provings to healthy persons, small doses, and only for the *purpose of evolving subjective symptoms*.

We have, as a school, ignored pathological provings on animals (physiological experiments, so called). I claim the only provings on animals, made in our school, were made by myself with *gelsemium*, on dogs and cats, in 1860, and *iberis* on frogs, about 1880, in which I was assisted by Dr. E. A. Gatchell. Meanwhile Doctors Bartholow, Ott, H. C. Wood, and many others of the regular school, have been actively engaged in experimenting with an indigenous drug on animals, and in many instances on man, with the result of placing many drugs in an entirely new and interesting light.

The opposition of our school to such experiments has been to me inexplicable. By such neglect we have lost much of our prestige as investigators of the action of drugs.

In the case of *hydrastis*, it is due to Professor Schatz, of Europe, that he should be given credit for the discovery of the real sphere of action of this drug. He is one of the deepest thinkers and shrewdest experimenters in the Old World. Possessed of an almost perfect knowledge of human and animal physiology, he is

competent to interpret the meaning of the changes which drugs cause in the living to-day. I have not before me the records of his experiments with hydrastis, but it will suffice to say that he was the first to ascertain the important fact that *hydrastis causes a contraction of the muscular coats of the arteries, without initiating contractions of muscular fibers elsewhere*. Upon this one fact hinges the action of this drug. Ergot causes such contractions, but it is associated with contractions of other muscles. The same may be said of digitalis, adonis, convalaria, and nearly all cardiac remedies.

In the *American Homeopathic Journal of Obstetrics* I have lately given a *resumé* of the uses to which we can put this action of hydrastis, but a recent article by Dr. R. W. Wilcox (allopath) gives some further indications for its use:—

“The author gives of the fluid extract of hydrastis, thirty drops three or four times a day, in cases of fibromyomata, subinvolution, hemorrhagic endometritis. According to him, it checks the bleeding from uterine fibromyomata by the production of persistent anæmia, unaccompanied by the distressing cramps of ergot or the flooding from the alternate contractions and relaxations. So in the cases of small fibroids, it is preferable where their expulsion would probably be attended by hemorrhage or septicæmia.

“In hydrastis he sees a sovereign remedy in endometritis fungosa, even when curetting has failed to arrest the bleeding. He has seen a fatal result from the apparently simple operation of curetting. That there is danger is attested by the number of so-called antiseptic curettes to be found in the market. With the use of hydrastis no confinement to the bed is necessary.

“*Hydrastis canadensis*, by its faithful use, will often render Emmet's operation unnecessary. The uterus becomes smaller, the leucorrhœa diminishes, the erosions heal, the displacements become rectified. Apparently it is to this class of cases that Shvestizeneff refers, although he does not apparently recognize a lacerated cervix.

“The author has treated successfully five cases of climacteric hemorrhage with hydrastis.

"The results obtained in these cases he regards as admirable, and he believes he has a valuable remedy in this class of cases, which oftentimes are very difficult to relieve. It is only fair to say that he has also used the bromides sparingly, and arsenic somewhat vigorously; but he feels positive that, in removing one cause of general anæmia, hydrastis has been of great benefit.

"Nine cases of pelvic inflammation have come under his care, which have been treated with hydrastis, and since using hydrastis he has abandoned the use of iodine, and to some extent hot water and local treatment. He recommends it in pyosalpinx, thinking it reduces hyperæmia without contracting the tubes.

"He in this way treated three cases of congenital antiflexion with marked relief of symptoms.

"The author thinks that a timely use of hydrastis may, in many cases, prevent operations now considered necessary, and also obviate the necessity of wholesale gynecological examinations, which in the case of girls, he rightly deprecates."

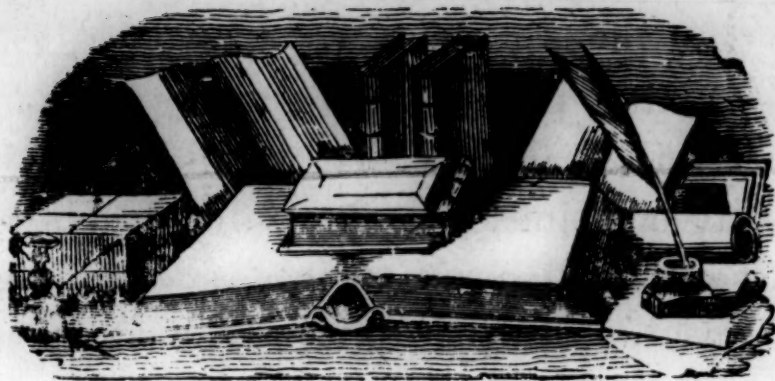
It will thus be seen how wide and high is building the therapeutics of this drug. It is sad to think that our school has lost the honor of discovering its potent curative powers, while we were frittering away the time in "proving" it, with the beggarly result of getting a few subjective symptoms, which we could not interpret. It may be asked why *I* did not engage in such experiments on animals, and discover its power? To this I make answer, that to conduct such experiments successfully requires a perfect modern knowledge of the intricate physiology of the living organism; a perfect knowledge of the technique of delicate manipulation of living tissues; an expert knowledge of the science of microscopy, and the leisure to use the implements of a complete laboratory, all of which I am sorry I do not possess, and cannot command.

This work was done by men who occupy high positions in European universities, where they had unlimited command of time, and all the delicate instruments with which they did their work, unhampered by private practice. Yet it would seem that in some of our prosperous colleges in this country,—in Boston, New York, Philadelphia, Chicago, and other places, and espe-

cially in the Homeopathic Department of the University of Michigan,—such physiological experiments might have been successfully carried on.

But, with a few practical remarks, I will close. The curative power of hydrastis over mammary tumors I believe to be due to the same cause which enables it to meet the growth of uterine fibroids. Its curative power over portal and hemorrhoidal congestion is of the same character as its power over pelvic congestions. I have cured several cases of large uterine fibromyomata, gynecological surgeons having declared there was no hope from anything but the knife. It is believed by many that in the white alkaloid resides this peculiar power. But some experimenters claim it resides in the phosphate of berberina. I have never tested it, nor have I sufficiently tested the white alkaloid or its salts to be able to decide if it is *the* potent constituent of the root.

In nearly all my cases I have used mother tincture of hydrastis, in a few the colorless hydrastis. I am now using, with apparently good results, one part of the tincture, mixed with an equal part of Lloyd's colorless hydrastis. I think the latter *energizes* the tincture, and that the mixture is superior to either alone.—*E. M. Hale, M. D., in Exchange.*



EDITORIAL.

Relation of the Eclectic Board to Physio-Medicalism.

—The note in last month's JOURNAL referring to the action of the Eclectic Board of Examiners in relation to physio-medical diplomas seems to have attracted considerable attention, and the editor has been made in one instance the subject of a bitter personal attack for reason of it, whether because he is a member of the Board, or because, in the interests of live journalism, he published the notice, he is at a loss to know.

At the time the Eclectic Medical Society in this State was organized a number of physio-medicalists identified themselves with it and became nominal Eclectics. Some of these members have been hearty sympathizers with the interests of our school, college and JOURNAL from the start, have proven themselves able practitioners, and we consider them just as genuine Eclectics as though they held diplomas from the best Eclectic medical college in the world, wherever that is. Others have been chronic soreheads from the beginning, and long ago severed their connection with the society. They prate about "poisons," the failures of the Eclectics to cure diseases which they themselves manage readily with "yarbs," and air their ignorance with windy bombast in public places, to the disgrace of educated Eclectics, who must bear the odium. They have not evolved a new idea in forty years. We will not assert that physio-medicalists are all ignorant, or that Eclectics are all wise, but we do assert that the teaching in physio-medical colleges has as a rule been very superficial, except so far as the management of disease is concerned. Anatomy, physiology and pathology have been neglected too much to ren-

der the mass of graduates holding the diplomas competent men for all round practice, though there are many admirable qualities about their therapeutic propositions and applications. It is asserted that Curtis filled all the chairs in his institution in Cincinnati himself at one time. Cook conducted his college in Cincinnati with a very small corps of professors, doing the most of the lecturing himself. Indeed, since the writer began to have knowledge of medical affairs he has never known of but one physio-medical college with a full corps of professors, and that is the one in Indianapolis, an institution ably conducted in all probability.

Eclectics and physio-medicalists separated nearly fifty years ago. The history of physio-medicalism since that time has been a peculiar and melancholy one. Its followers have been Ishmaelites, whose hands have been against every medical man, and against whom the whole medical world has been almost obliged to close its doors on account of its abusive tendencies and obstreperous assaults. Much of the spleen and prejudice existing against Eclectics to-day on the part of the old school (the homeopaths are better posted), especially in California, is because of their confounding them with Thompsonism, which is but a synonym for physio-medicalism.

But why should the Eclectic Board of Examiners have resolved not to issue certificates to them? Physio-medicalists assert, and have for nearly fifty years, that Eclectics are ignorant of the true principles of the healing art, and they have no sympathy or goodwill for us. The Board has been a football for many of them since its origin in California. Full of good words and empty promises to assist in swelling the number of new-school representatives, they drop out of sight and become wrapped in a selfish obscurity so far as any public spirit is manifest as soon as they have passed the portals of legal entry into the medical profession of the State. They have not even the enterprise to organize a society of their own, and appear to be too parsimonious to pay the annual dues required to perpetuate a membership in the Eclectic Medical Society, which opens its doors to all educated medical men. These, however, are editorial expressions, not opinions of the Board.

The Board has been beset with physio-medical diplomas since its early history, and with characteristic liberality—liberality too Eclectic for the purpose by far—it has passed the holders with little if any question. It would have been thought that this finally would end; but there seems to be no let up to the number of applications, and the present Board begins to realize that it has its hands full in the considering of Eclectic applicants. Other reasons might be offered. Probably the President or Secretary might offer better ones, but as the subject has already been pursued too far for profit, perhaps, we will desist but refer to a letter in the correspondence department bearing upon the subject, from a new subscriber from the northern portion of California.

Climatology in Renal and Vesical Affections.—The well-known reciprocity of action between the skin and kidneys, especially as concerns the removal of the watery portion of the excretions, is a valuable consideration in the management of such diseases as chronic nephritis, cystitis and other affections of the urinary tract. An atmosphere that is almost constantly, year after year, so cool that sensible perspiration seldom occurs, tends to overwork on the part of the urinary system, which is liable to result in final breaking down of some portion of the apparatus.

Rest is the great panacea for an irritated or overworked part. Give it rest and nature will often accomplish wonders towards final recuperation. A laboring man may perspire freely all day and the call upon the kidneys for the removal of the surplusage of fluids thus be but slight, but the person of sedentary habits is afforded no such safety-valve. The number of deaths among comparatively young men on this coast, where the temperature is so nearly even the entire year, from acute Bright's disease, renders this subject one of much importance. In the inland portions of the State the climate, though hot in summer, does not conduce to active perspiration, for the air is dry and does not invite a free flow of cutaneous moisture.

In such grave affections as interstitial or tubular nephritis, change of climate is one of the most important necessities to be urged upon the patient. A climate in which the kidneys can

have rest as the result of an actively perspiring skin should be chosen as soon as any positive evidence of the disease is discovered; then hopes of recovery may be entertained, while if a stay be continued among the influences which brought the affection about, the best of treatment can but procrastinate the fatal day.

Dr. William F. Hutchinson, in a very interesting article in the *American Magazine* for June, upon Barbados Island, incidentally refers to the value of the climate in diseases of the kidneys usually reckoned incurable. "The island is swept by sea-breezes which reduce sensible temperature so wonderfully that a thermometer reading eighty or eighty-five degrees makes only comfortable heat. One can have a delicious sea-bath every day in the year. A reef of coral sand effectually protects swimmers from the immense sharks that infest all these seas, and the water is of a velvety softness that tempts to long indulgence. Daily baths are a necessity where the skin is so active, and a native would sooner neglect his breakfast than his dip.

"Bright's disease and diabetes gain rapidly under the influence of kidney rest and remain improved if not transferred too early to North ern cold."

There is an element in saline air, at least on the Pacific Coast (our observation does not extend beyond), which tends to the aggravation and perpetuation of vesical troubles. Cases of this kind which stubbornly resist treatment in San Francisco and Oakland, speedily improve until the patient becomes apparently well upon sojourn to inland air, only to return upon a removal into the home atmosphere. The salty air evidently provokes this condition in people who possess an irritable habit of mucous membranes, the saline substances finding exit by this route and proving a source of irritation. It is humiliating to be compelled to cry quits in such cases, but though they are few which cannot be relieved, a change of climate seems occasionally to be the last resort.

The physician of the future will possibly be less a dispenser of drugs than his present representative. It is to be hoped, at least, that he will be a more intelligent dispenser—that is what we ought to be living for—at least he will be more of a climatologist,

and as ways and means of travel permit invalids to become more cosmopolitan in habit, it may confidently be expected that we shall be able to manage desperate cases with more perfect satisfaction.

Silica.—This is one of the drugs for which homeopaths have no similimum. Provings have failed to elicit any symptoms of note. Physiologically it seems to be inert, but it develops some very valuable clinical uses which are worthy of recognition.

As an influencer of the nutrition of osseous tissue we find it in high repute among the disciples of Hahnemann. Grauvogl went further and, asserting the near relationship between bone and cartilage, administered it successfully, so he states in the treatment of enchondromata. In the treatment of rachitis, another affection involving perversion of cartilaginous growth, and in suppuration of bony tissue, it sometimes answers a good purpose. The worst fault with the Simon-pure homeopathist is, he will wait for months for his "silecia" to effect the cure of a necrosed bone when the simple affair of the removal of the sequestrum will cure at once.

The writer saw it administered for two months and more in the surgical clinique at the Cleveland Homeopathic Hospital College in several cases ten years ago without a whit of abatement of the morbid symptoms. One of these, a case of caries of the last phalanx of one of the fingers, recovered in ten days after the attending surgeon had exposed the carious bone and freshened the suppurating surface; another case was cured by complete removal of the necrosed phalanx; a case of caries of the lower jaw passed out of sight, no appreciable benefit having resulted after more than three months' use of silica in different attenuations.

No doubt too much is claimed for this agent. Homeopathic authors may not be classed among the fictitious writers of the day, but it is safe to assert at least that it is the custom among them to perpetuate reports of a few remarkable recoveries under attenuations after the law of *similia*, handing them down from one to another until a large number have been accumulated and a good showing made for the methods and means of the system; but

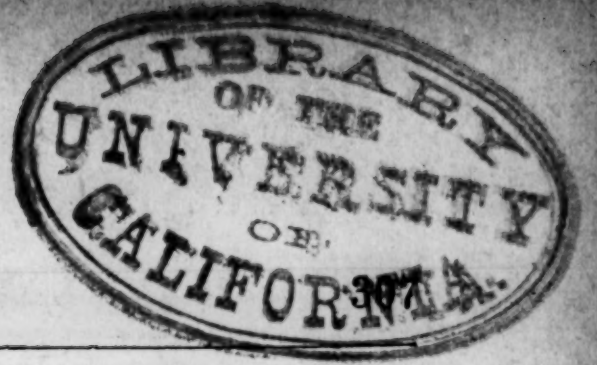
when the trusting and enthusiastic novice goes out with his sugar pills, a disproportionately large number of failures in the very cases where it seems to him the vaunted remedies ought to cure at once, impresses upon him the uncertainties of even the teachings of the school of Hahnemann. He realizes then that the remarkable cures described in the text-books are but a few land-marks among the myriads of failures that lie scattered all along the line.

But while silica fails in the majority of cases to arrest suppuration of bone it probably comes as near being reliable as any internal agent that can be employed. We have seen it impress such cases favorably. Chloride of gold is a better remedy where necrosis of the nasal bones is threatened, and possibly fluoric acid may rival it in caries of bony tissue generally. We do not doubt that it often arrests destructive inflammation of osseous tissue, but we believe it fails twice where it succeeds once.

Let us become fairly acquainted with a remedy and view its possibilities candidly, then we may employ it without too much disappointment when it fails to bring about expected results. There are many uncertainties in this world, but in no department perhaps is there more uncertainty than in that of therapeutics.

But we have not come to condemn silica or "silecia" as many of our homeopathic friends style it. We have come to praise. It is well to think of it in such cases of caries of bone as defy or discourage surgical measures. It is in disease of cartilage, however, that it will manifest its best effects. New cartilaginous growths may or may not be favorably influenced by it, the writer is non-committal on the subject, having no testimony to offer *pro* or *con*, but in chronic inflammatory states of cartilaginous structure in the joints it is most decidedly a valuable remedy. It has a tissue affinity for such structure and will impress it favorably in many cases of disease.

A year ago a middle-aged lady, of Oakland, rather stout in build, visited the Sierras, to inspect a mine in which she was interested. On the return trip down the mountain, she decided to enjoy the novelty of a ride on the top of the stage. Jehu, thus



SILICA.

incited, probably, outdid himself; at least, in making a sharp curve upon a ledge, the coach toppled over the edge of the shelf, and our patient, luckily being of an anticipating turn of mind, barely escaped participation in the catastrophe by jumping from her perch to the side of the highway, thus landing upon her feet among a heap of rocks. Fortunately no immediate serious result attended the mishap, and in the excitement of the moment our patient pronounced herself unhurt, but she soon found that both knees had suffered injury, the pain in them becoming severe and being aggravated when standing or walking. No improvement becoming manifest during the first few days at home, the writer was called to administer relief. Inspection failed to detect any indication for the ordinary remedies, in evidence of strain of ligamentous or muscular structures; there was no swelling, no redness, no superficial tenderness, in fact, manipulation caused no pain whatever, but this became severe as soon as the patient stood on her feet, so as to subject the fibro-cartilages to pressure. Electricity, bryonia, cimicifuga, vapor baths, and massage were tried, upon the idea that the slight injury had resulted in the development of rheumatic arthritis, but to no good purpose—not the slightest favorable result followed. An entire change of base seemed imperative in order for the physician to get out of the scrape creditably, and as a last resort silica 3x was ordered, two grains to be taken every four hours during the day. In less than four days' time the pain and tenderness were entirely gone, and the patient could get about on her feet as well as ever.

About the middle of June last the writer was thrown from a vehicle upon the cobble-stones during the progress of a runaway and his whole weight precipitated upon the extended right hand. The entire right side of the body was bruised considerably, but in a few days the soreness passed away except that in the right shoulder and this became worse than ever. The part was not swollen nor were the muscles tender to the touch, but the pain was much aggravated upon motion of the arm. Supposing the matter to be largely a return of an old rheumatic trouble as the result of strain, faradism, anti-rheumatics, vapor baths and massage were tried for more than two weeks, with no relief. Finally

it became the conviction that the cartilage in the glenoid cavity had been injured, and the use of silica 3x was begun, a dose of two or three grains of the trituration being taken four times daily. The first night after beginning this remedy the first good rest following the accident was experienced, and within three days the stiffness, soreness and pain were almost entirely gone.

Now it is possible that recovery would have taken place as soon with no medicine at all, but considering the condition of the injured part the night preceding the commencement of the silica, it would be very unreasonable to advance such a proposition.

These remarks are thrown out to prompt investigation upon the part of our readers. Dr. Fearn can supply a demand for the agent, or it can be obtained at a homeopathic pharmacy. Correct diagnosis must be the basis of the proper use of the drug. The tissue involved must be properly fixed upon, then the remedy influencing that tissue selected. Rheumatic states of the muscular or ligamentous structures of the joint will not yield to silica, neither will diseased states of the fibro-cartilage yield to the influence of salicylate of sodium, colchicum, macrotys, rhus, or bryonia.

A complete knowledge of the tissue affinities of drugs, so far as known, can but be a great aid in the treatment of disease, but it will not qualify one for every emergency. However, it furnishes the physician a very certain means of striking effectively at the root of many a malady which the older methods would encompass time and again and yet never touch.

Where Is California Climate Free from Malaria?—Dr. Edwin Freeman's letter published this month under the head of correspondence, raises a pertinent question which we would be glad to have some of our California readers answer. Irrigating districts and the foot-hills all over the State must be more or less subject to paludal influence, and these may be left behind in the search of a climate free from such infection. The larger towns all offer the objection of irrigation, the lawns, the parks, the streets and the vegetable gardens constantly giving off emanations of miasmatic character. The only city we know of in which this

objection does not apply, is San Francisco, where the ground is so closely covered with buildings and pavements that little surface except the streets is subjected to irrigation. The location also of this city on a headland between the bay and ocean, across which the winds—boisterous sometimes—sweep, serves as a protector by rapidly diffusing ocean atmosphere into every nook where stagnation might engender disease. Other things being propitious, we could commend this place as a residence for one seeking refuge from malarious influence. But a great drawback here is the one mentioned by Dr. Freeman as an objection to the climate of the Eastern seashore, and that is the tendency to the occurrence of severe myalgic and neurotic twinges. The climate is also rather less favorable to pulmonary and catarrhal difficulties than some other parts of the State.

However, one with reactive constitution may, we believe, become acclimated to San Francisco and suffer but little inconvenience from the rheumatic and neuralgic tendencies of the climate after the first year. The faithful application of self-massage and the constant wearing of flannels—habiliment not objectionable here—will enable one not too far past life's meridian, to sustain a fair state of health and comfort if his lungs take kindly to the winds and dust that frolic in every street, and the fogs that envelop the city in gloom about half the time the remainder of the year.

Northern portions of the State offer better situations for malaria-poisoned victims than the Southern country, for there is more of an equable distribution of rain during the year, and irrigation is not required for successful husbandry. There are also some very congenial places in Northern California, both as regards climate and other surroundings. Undoubtedly, Lake, Mendocino (away from the coast) or Humboldt Counties would fulfill the requirements of such cases as the one we are considering, much better than the San Joaquin Valley country. The Sacramento Valley, which is but a continuation of the character of the San Joaquin in topography and climate in many respects, is not a desirable place, for the reason that in the localities where a location would be desirable, it is intensely malarious. At Marysville, Chico, Vina, Tehama, Red Bluff, and Redding, almost at the

northern line of the State, the summer climate is very hot and enervating as well as being highly malarious where irrigation is practiced. Indeed, among the foot-hills of the Sierras, where the majority of these places are located, it is liable to be malarious without irrigation. The writer has several times had patients visit this country in the summer for a few weeks, to return with a well-developed attack of "chills."

The best climate of California lies between the great valley made up of the San Joaquin and Sacramento, which extends almost the entire length of the State, and the Pacific Ocean. The Coast Range, with its various spurs and the ocean-side slope, is usually free from malaria, provided that irrigation is left out.

The editor has done the best he can to answer the letter referred to, but is not entirely satisfied with himself, for his personal observations have not been extended enough to enable him to draw on all the resources. There are many nooks where perfect immunity might be enjoyed, but they do not furnish a field for the exercise of that restless activity of mind and body which characterize an ambitious physician and surgeon.

Let us hear from the field of practice on this subject.

A Specimen of Regular Scholarship.—The charge of Eclectic ignorance is made so often on this coast by our immaculate brethren of the "regular" persuasion, that we feel justified in occasionally paying them off in their own coin. The editor of the *Medical Age* conducts his journal without fear or favor, and does not hesitate to expose an ass even if he be sailing under "regular" colors. A writer in a former number of the *Age* canvassed some points on the subject of an overcrowded profession, and a reply is offered by a champion of the short route, which is too good to be lost. It discounts anything we have ever seen perpetrated by an Eclectic:—

"I take the stand for my classmates and many who graduate at the present age, taking this subject personal to myself. It has been but little over one year since I graduated in what you would call a onehorse, but a grand blooded Aleopathic College on the eastern bank of the missipi. that College did not have any

Deploma mill attached. But I'll tell you what it did have. It had a Hospittle and a large amount of Clinical and Anatomical material. It is true I bought my Deploma in comman sense, with the sweat of my brane and thirty dollers to pay examination fees; that was about three dollers for each of the Profesers. Now as little a Dr. as I am I would feel like chargin a patient three dollers for an hours frayful attention as that was. I purchased a good lot of improved medical litature, some doubtless the graduating class of tweenty years ago never saw. I studdied old Grays Anatomy like a prayer book. I studdied Dalton withe attention and care, and considered Barthalow Loumis Erkson and gross as an Oratharity, the Professers taught them to the letter, did you learn from them books or did you learn from something better. Again to make this story short. I am a poor boy and so are nine tenth of all the gr duating classes. I considered if I made a bust it would take me back to the plow handles or worke shop for five years; to make me take another course, that is the reports I hear from all cuntries and nearly all students. I dont know where to find such colleges as you spoke of. I dont think they would pay, because the Poor Boys would not be able to have their deploma ground, and there is not a great many rich medical students. eaven if there was it would take a great deel to keep their deplomars sharp and pay for mall practis boath. you seem to say that there ought to be something to cut the suply docktors off, but when the demand ceases the supply will cut its self off. As the world increases so does all Profeshions; there is more manufactors because the demand is greater; more lawyers and more docktors. I feel that I have got as much right to practis medicine as any other graduate and as much right to suffer for mall practis as any body elce, if I do such as may as mill graduate have got the same authority. do let the young and rizeing pofesian alone. rather help them than to push them back, they will have to come and practis on your children when you are dead and gone. the greater the study the greater the gain. I consider a Dr. a misionary at the cross. and ife he practis medison to get rich he will loose the fragrance of his calling to fail in his calculations, but he that attendeth his fellow patient as a mother attendeth her child will receive a mothers reward.

“Concerning the chairs, they have got to go by authority, they ar responsible for what they teach, they all teach from books: Some Profesers are smart enough to get out a books of their own they sell them to you and teach them also, other Proffesers buy those book read and teach them and it all about the same thing

at last, the chair is due honor they study and teach in abedience to that honor. I have sometimes notised monied men honored unjustly but it hapened it as the collor of my own mind, if the Faculty choosees a monied man he is more able to suply himself withe the medical literature, some of my Profeser was rich and I felt that the honor was due them.

"Again speaking of spelling, I am like that Professer that you spoke off, the time has ben that I could not spell water, I got turned down on buiscuit and had to stay in one recess for not spelling Bronchitis, but I consider that spelling has not a great deal to do with the influence and effect of medicine, if I spell Quinine withe an m that is no reason that I dont know better or dont know what the dose is, the study of medison is the study of common sence. T. J. K."

["From the card which our correspondent sends us, 'as a guarantee of good faith,' we learn that the gentleman is a 'Physician, Surgeon and Obstratition.'"—*Ed. Med. Age.*]

EDITORIAL NOTES.

DR. YOUNKIN regards peroxide of hydrogen, hyposulphite of soda, and permanganate of potash, as the three best antiseptics, and deodorizers for local application in the treatment of cancer.

NUMEROUS articles on cholera infantum are now appearing in our exchanges. We do not find much trouble with the disease here. An infusion of erigeron canadensis discounts anything we have ever tried in kindly and effectively arresting the profuse watery discharges which sometimes attend this disease. The child may be permitted to drink it freely.

THE Eclectic Medical Society of Missouri held one of its sessions in the cabin of a Mississippi steamboat, the *Spread Eagle*, while the members, with their wives and sweethearts, were enjoying an excursion from St. Louis, the place of meeting, on the Father of Waters. The "floating palace" session is eloquently described by "H." in the *American Medical Journal* for July.

MEDICAL writers continue to struggle with the "dual action of drugs." Because the symptoms arising from a large dose of medicine differ from those arising from a small dose, some would-be astute observers imagine they detect a double action. We contend that drug action is always the same, under the same

conditions; that drug action never varies any more than the laws of attraction. A large dose may produce unpleasant disturbance, where a small one will disturb just enough to regulate the disarranged morbid action, but it is simply a question of amount of force.

CASCARA SAGRADA promises to become a valuable medicine in the treatment of rheumatism. Dr. Goodwin's article on the subject is worthy of perusal.

DR. FEARN'S case of stricture was evidently a case of scirrhus of the lower bowel. Hard cancer of the alimentary canal is often as dense as cartilage in consistency.

THE new Iowa liquor law requires pharmacists to have a permit authorizing them to administer oaths, and each purchaser must swear that he wants the liquor for a lawful use.

WE are in receipt of an atlas of venereal and skin diseases, and Beard and Rockwell's work on "Electro-therapeutics," from the publishing house of William Wood & Co., of New York, also Goss' "American Practice of Medicine," from William Keener, medical publisher, Chicago, and "Ethics of Marriage," from Funk & Wagnall's, New York. These works will be noticed more *in extenso* next month.

THE American Association of Physio-Medical Physicians and Surgeons held its sixth annual meeting in Bloomington, Illinois, May 15th last. Considerable was said in the deliberations against "poisons." A number of the members, however, had used salicylate of sodium freely and in large doses. Dr. Hart and others reported good results from the use of jaborandi in half-teaspoonful to teaspoonful doses, which we would consider rather risky continued long. He combined it with oil of capsicum, however, which may counteract its depressing tendencies. Dr. Smith objected to jaborandi. It was "not a physio-medical remedy." A number of the members concurred.

J. W. BYERS, M. D., of Charlotte, N. C. (*Philadelphia Medical and Surgical Reporter*), in an article on "Diseases of the Southern Negro," asserts that the colored race in the South is undergoing serious physical decay. This has been augmented, he believes, since the war by the increased facility for indulgence in numerous vices,—intemperance and tobacco addiction being prominent ones, while hygienic laws are almost totally disregarded. He believes that the negro's capacity for race preserva-

tion and perpetuation is remarkably low. The death rate of the white population of the South is less than fifteen to the thousand, while that of the blacks is more than eighteen per thousand.

RUMORS reach us of a contemplated Eclectic Medical College in Philadelphia. We wish all such enterprises when entered into with worthy motives—and these we do not doubt in this case—success. It will be well, however, for the promoters of the move to recollect that much money and labor will be the sacrifice. Let those who compose the Faculty expect to devote ten years of hard labor without recompense, and with little credit, even though they do better than the majority, before they can expect to attract much notice, or arrive at a standing to command more than local patronage.

DR. L. T. BEAM contributes an article to the *Georgia Eclectic Medical Journal*, which ought to sound a warning to Eclectics all over the United States where medical legislation has not been put upon a permanent footing. The article is a review of the medical law of Pennsylvania, which provides that a new-coming practitioner must submit his diploma to the Faculty of one of the medical colleges of that State and obtain the indorsement of the dean before he can become a legally qualified practitioner. The Eclectics having no college in the State at the time of the proposal of the act were inclined to oppose its passage, but were lulled into inaction by the promises of the homeopaths and allopaths that Eclectic diplomas from institutions in good standing should be recognized. After the passage of the bill the allopaths repudiated the promise at once, but the homeopaths fulfilled it for a time. Now, the deans of both old-school and homeopathic colleges repudiate their promises, and Eclectics are left out in the cold. Evidently the Eclectics must have a college of their own or a fight in the Legislature for their rights.

PROFESSOR HOWE writes as follows of antipyrine in the *Eclectic Medical Journal* for July: "My experiments with antipyrine for a month have been uniformly satisfactory. A man had muscular pains—deep-seated distress—was feverish, tired, and restless. I prescribed fifteen grains of antipyrine, and the next day he was well. He took three-grain doses every two hours. He was sure the medicine was prompt in action and of a decidedly curative nature. Mrs. C. was feverish, painful, irritable, and insomnolent—three doses of antipyrine of five grains each made her well. Mrs. R. had prolonged and painful menstruation, headache, backache and was sleepless. Thirty grains of antipyrine, taken in as many hours, quite cured her. The medicine reduces

the temperature and the pulse and is an anodyne. I think we shall have to experiment still further before we know how valuable the drug is; and we should always experiment without prejudice in our minds. As we adapt new remedies of attested value we may drop as many which have proved worthless. I am not in favor of a bigger materia medica but a better one. Professor Lloyd has announced that antipyrine and 'sweet spirits of niter should never be combined or used in alternation, as the combination develops a virulent poison."

MISCELLANEOUS PARAGRAPHS.

A FEW THINGS IN WATER.—But if from man's vile arts I flee, and drink pure water from the lea, I gulp down infusoriæ, and quarts of raw bacteriæ, and hideous rotatoriæ, and wriggling polygastricæ, and slimy diatomacæ, and double-barreled kolpodæ, non-loricated ambœdæ, and various animalculæ, of middle, high, and low degree; for nature just beats all creation in multiplied adulteration.—*American Druggist*.

"THE conditions formulated by the Committee on Infants' Foods at the American Medical Association are approximated more nearly by Carnrick's Food than by any other with which we are familiar."—*Editorial Note in Philadelphia Medical Times, June 1.*

At the last meeting of the Ophthalmological and Otological Section of the New York Academy of Medicine, the following motion was made and carried:—

"That a committee be appointed, of which the chairman of the section, Dr. David Webster, be a member, whose duty it shall be to obtain a good photograph of the late Dr. Cornelius R. Agnew, for the purpose of having engravings suitable for framing made from this. The right of issue and sale of such engravings shall be given to some first-class publisher, if practicable; if not, the committee shall offer them to the profession, at cost."

In accordance with the above, a committee has been appointed. Members of the profession who desire such an engraving, accompanied by an autograph signature, should send their names and addresses to the Secretary of the committee, Dr. Charles H. May, 640 Madison Avenue, New York City, at once. When all such names shall have been recorded, those who have requested a copy of the engraving will be notified of the cost of the same, either by the publisher, or by the committee having the matter in charge.

A YOUNG Texas physician, called to his first case of labor, found the bag of waters, which, mistaking for the bladder, he tried to replace, with the result of rupturing it, allowing the fluid to escape. Rushing frantically from the room to a neighboring physician, he cried: "By Jove! she's busted! Get your instruments; she won't live an hour."—*Lancet and Clinic*.

EPISTAXIS.—Dr. A. B. Herring, in the *North Carolina Medical Journal*, says: Cut a piece of raw, fat, salt pork, four inches long, half an inch thick, and three-quarters wide, wedge-shaped at the ends, and force it through the nostril clear back to the pharynx. It will stop the bleeding instantly, is antiseptic, painless, and easily removed.—*Medical World*.

AMPUTATION OF THE CLITORIS.—Dr. R. St. Clair, of Brooklyn, removed, by galvanic cautery knife, an elongated and sensitive clitoris from a young lady twenty-one years of age, who had suffered with states of orgasm, occasioned by the least amount of exercise either walking or riding, since she was eighteen years of age. The result of the operation was perfect recovery. The patient has since married and borne two or three children, but has little if any passion. The case is reported in the January number of the *Medical Summary*.—*Daniel's Medical Journal*

DIABETES MELLITUS—BROMIDE OF ARSENIC.—Solution of bromide of arsenic is to be given in doses of one drop in a glassful of water. This dose is gradually increased to three drops three times a day, always in the same amount of water. The urine is to be constantly examined. When the amount of sugar is decreased, as usually happens in about fourteen days, then decrease the arsenic to a one-drop dose again. This can be kept up for years. Extreme attention need not be paid to the diet, but ordinary care as regards acids, starchy and sweet food, should be taken. The greatest enemy of the diabetic is bad air—the air of chambers. Fresh air is most essential.—*Medical Record*.

FRAGILE NAILS TREATED BY OLEATE OF TIN.—An Italian doctor, quitting the army on account of scorbutus, contracted in the service, found a tendency on the part of his nails to crack and break off. He used unguents of oleate of tin spread upon flannel and applied nightly. After two months of this treatment the nails became perfectly normal. The same treatment, afterward adopted with a lady patient, was completely successful.—*Gaz. Med. et Farm. Ital.; Arch. de Ph., May 5*.